

**MONROE COUNTY
HUMAN SERVICES ADVISORY BOARD
Application for Funding
Fiscal Year 2012
October 1, 2011 – September 30, 2012**

Agency Name	Good Health Clinic
Physical Address	91555 Overseas Highway Suite Two
Mailing Address	91555 Overseas Highway Suite Two
City, State, Zip	Tavernier, Florida, 33070
Phone	(305) 853-1788
Fax	(305) 853-1789
Email	goodhealthclinic@comcast.net
Who should we contact with questions about this application?	Norma Anderson (305) 853-1788

Amount received for prior fiscal year ending 09/30/10	\$35,000
Amount received for current fiscal year ending 09/30/11	\$40,000
Amount requested for upcoming fiscal year ending 09/30/12	\$45,000

CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Monroe County.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Human Services Advisory Board. These recommendations are determined by service needs of the community, availability of funds, etc. HSAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

Typed Name of Executive Director:

Signature

Date: 4/11/11

Typed Name of Board President/Chairman:

Signature

Date: 4/16/11

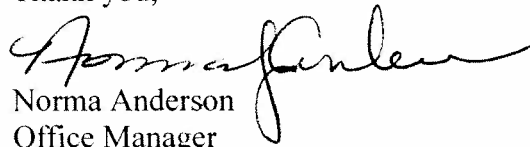


May 2, 2011

Dear Lisa:

Please accept this as our original signature for the new grant 2011-12. Should you have any questions our office hours are Monday through Thursday 9-5.

Thank you,



Norma Anderson
Office Manager

305-853-1788

305-853-1789 fax

CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

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Signature

Date:

4/11/11

Typed Name of Board President/Chairman:

Signature

Date:

4/6/11

Detailed instructions for each question appear in the separate instruction document.

1. Insert your agency's board-approved mission statement below.

The mission of the Good Health Clinic is to provide excellent medical care to uninsured and indigent residents of the Upper Keys of Monroe County, Florida, at no cost.

2. List the services your agency provides.

The Good Health Clinic (GHC) provides, on a gratis basis, non-emergent medical care and services to qualified recipients residing in the Upper Florida Keys. These services include:

- a. General medical/primary care;
- b. Specialty and sub-specialty care;
- c. Linkage to free secondary and tertiary care, including:
 - ✓ Internal Medicine,
 - ✓ General Surgery,
 - ✓ Gynecology,
 - ✓ Dermatology,
 - ✓ Neurology,
 - ✓ Oncology,
 - ✓ Ophthalmology,
 - ✓ Pediatrics,
 - ✓ Ear, Nose and Throat (ENT),
 - ✓ Orthopedic Surgery,
 - ✓ Podiatry,
 - ✓ Optometry,
 - ✓ Mental Health Services.
- d. Medications through pharmaceutical industry-sponsored prescription assistance, "compassionate need", and related programs,
- e. Lab and other outpatient services.

3. What services will be funded by this request?

Funding from the HSAB will be used to support salaries for direct-service clinic personnel (83%) and operational overhead (17%). HSAB dollars are crucial for sustaining a recent increase in the number of patient healthcare service hours offered weekly, providing greater accessibility to more low-income, uninsured patients in need of medical care.

4. Funding category: If you have been previously funded by HSAB, do you request to have the HSAB consider changing your funding category? Please circle yes or no: No

If yes, please circle the new category for which you would like to be considered: N/A

If you have not been previously funded, please circle the funding category that you believe best matches your services: N/A

5. Will County HSAB funds be used as match for a grant?

Yes

6. If you answered "yes" to number four, please specify the:

a. grant award title, granting agency, and purpose:

"Good Health Clinic and The Health Foundation: Expanding the Upper Keys Medical Home" from the Health Foundation of South Florida. The project addresses inappropriate ED utilization in the Upper Keys, which is both an inefficient healthcare delivery model and an ineffective approach to fighting chronic disease. HFSF support will allow GHC to increase the number of clinical appointments available by 8 hours per week over baseline, and as a result, allow a 20% increase in the number of patient encounters over our baseline service delivery.

b. grant amount: \$30,000

c. match percentage requirement and amount:

The GHC to the HFSF application is pending. A 100% match will be needed in order to fulfill the requirements of this grant.

7. If your organization was funded with HSAB funds last year, please briefly and specifically explain:

a. how the funds were spent –

The majority of funding from the HSAB was used to support salaries for direct-service clinic personnel, including office and medical assistants. A smaller portion supported operational overhead, including utilities, internet, phone and waste removal.

b. how they were used to leverage additional funding.

HSAB funds in the 2010-2011 fiscal year were critical to the GHC's ability to leverage an additional \$75,000 from Baptist Health of South Florida. In the last HSAB grant year, GHC was awarded a 14% increase, from \$35,000 to \$40,000. This was the HSAB's investment in increased clinical office hours by GHC. Following this award, Baptist Health increased their commitment from \$100,000 to \$125,000 annually, for three years. Baptist's commitment is to assist the clinic in meeting operating expenses in providing primary and secondary medical care to uninsured members of the community. This leveraging was made possible in part due to HSAB support.

8. Do you plan to allocate any part of this HSAB grant, if awarded, as a sub-grant to another

organization? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment D, under "Grants to Other Organizations."*

No

9. Does your organization allocate sub-grants to other organizations using other sources (non County) of funding? *If yes, please list the recipient(s), the purpose(s), and amount(s). Please make sure these are included on Attachment E, under "Grants to Other Organizations."*

No

10. Will you or have you applied for other sources of County funding? If yes, please list source(s) and amount(s). *Also be sure to reflect this information on Attachment F.*

No

11. What needs or problems in this community does your agency address?

The GHC addresses the very serious problem of the dearth of accessible health care for the uninsured poor in our Monroe County community. The lack of health insurance coverage, an extremely high cost of living and the lack of affordable housing in the Florida Keys all combine to magnify this problem. Without health insurance, with limited or no income, and without access to healthcare services, Monroe County residents often postpone or completely forgo important screenings and early intervention for prevalent conditions including diabetes, cancer, heart disease and asthma. The later these conditions are detected and treated, the greater the cost for treatment, and the less positive the outcomes. GHC addresses the pressing health needs of low-income, uninsured Upper Keys residents by delivering primary, secondary and tertiary medical and ancillary care *at no cost* to these individuals.

12. What statistical data support the needs listed in number nine?
(*If applying for \$5,000 or less, a response to question #12 is not required.*)

Data clearly illustrates the problems outlined above. The Broward Regional Health Planning Council's 2010 Monroe County Health Profile, released in January 2011, indicates that 30.8% of Monroe County residents were without health insurance, which exceeded the rate for the state of Florida (24.9%) and was more than twice that of the nation (15.3%). In addition to lacking health insurance, 10.4% of full-time residents in the Florida Keys live at or below the Federal poverty level, according to the U.S. Census' 2006-2009 American Community Survey.

The Key West Chamber of Commerce currently lists the overall Cost of Living Index for Monroe County as 142.82, well above the Florida's average of 100. The Monroe County Health Profile also indicates that the cost of housing is almost twice as expensive as the state average.

The combination of a higher percentage of residents who are both low-income and uninsured in our region is extremely problematic and must be addressed for the welfare of our community as a whole. It is well documented that those without access to healthcare, those who are low-income and uninsured, often delay life-saving preventative and early-intervention tests, screenings and procedures. As a result, those with lower incomes are more likely to experience poorer health. Numerous studies have demonstrated that the uninsured are more likely than

those with private insurance to receive a more serious health diagnosis in the later stages, which reduces their chances of survival. For example, the American Cancer Society states that advanced-stage diagnosis "leads to increased morbidity, decreased quality of life and survival and, often, increased costs."

13. What are the causes (not the symptoms) of these problems? *(If applying for \$5,000 or less, a response to question #13 is not required.)*

The causes of these problems are multi-faceted.

Dearth of accessible health care for the uninsured poor

- Limited number of medical facilities in the County,
- There are no other free clinics available in our specific region,

The lack of health insurance coverage

- The majority of jobs in the county center around the tourism industry;
- Many people obtain health insurance benefits from their employer, and insurance is often not offered to hospitality workers;
- Insurance is usually not available to those working part-time jobs, even if one is working multiple jobs well in excess of forty hours per week.

The lack of affordable housing in the Florida Keys

- While some adjustment in the cost of local real estate has taken place, housing in the Florida Keys remains expensive, and often out of reach for those at the lower end of the economic spectrum. Our island location and geographic configuration limits the amount of developable land in the Florida Keys. Communities on the mainland have the ability to expand outwards into suburbs and rural areas when the demand for housing increases. With little to no ability to expand, the cost of Keys housing increases with demand, leaving those at the lower end of the pay scale struggling to afford housing costs.

Extremely high cost of living, exacerbated by:

- Low wages often associated with tourism-related jobs;
- Overall downturn of the economy;
- Changing demographics of local residents;
- Resulting loss of local population.

The combined result of all of these factors has very serious potential consequences for Monroe County. Without accessible health care, patients often delay care, when it is less effective and more costly. Alternately, patients seek care in expensive venues such as the emergency room, or postpone treatment until a disease has progressed and is more likely to result in death.

14. Describe your target population as specifically as possible.

The GHC targets low-income and uninsured residents of the Upper Florida Keys. Specifically, our patients are living at or below 200% of Federal poverty level guidelines. We serve residents typically between the ages of 18-64. In 2010, 59% of our patients were female (41% male) and

17.5% were Hispanic, which is reflective of the rate for the region. Our 2010 client demographic survey indicates that more than half (53%) of our patients had less than a college education. 99.4% of applicants for GHC services in 2010 resided in the 33036, 33037 or 33070 zip codes.

14. How are clients referred to your agency?

As is so often the case in such a small community, the vast majority of our patients hear about the GHC through a friend or "word of mouth". We accept qualified recipients on a walk-in basis. GHC provides outreach to residents by advertising in various media, distributing press releases, and posting flyers. Community partners such as the Monroe County Health Department, Mariner's Hospital, the Rural Health Network, private physicians and other hospital sources also commonly rely on the GHC as an important resource for patients, and offer refer those who are unable to afford the cost of service, or who need care beyond the scope of other practices.

15. What steps are taken to be sure that prospective clients are eligible and that the neediest clients are given priority?

To ensure that prospective clients are eligible for our free services, GHC administers a financial screening. Our Clinic Manager performs this screening in accordance with established Federal poverty guidelines and parameters developed and periodically revised by GHC Board of Directors. These mirror the criteria set forth by the Baptist Health System Division of Pastoral Care (BHSDPC). Ultimately, BHSDPC renders the final determination of financial eligibility. This process ensures that those who are ineligible, because of high income or insurance coverage, do not take advantage of services designed for our target population.

The mission of the Good Health Clinic is to provide medical care to uninsured and indigent residents. Our website, marketing and outreach materials all advertise "Free healthcare services for the needy residents of the Upper Keys". It is our agency's priority and foremost purpose to deliver care to those who are neediest in our region. Care is free and available to those living below 200% of the Federal poverty level.

16. Describe any networking arrangements that are in place with other agencies.

The success of GHC's networking efforts has resulted in strong, innovative and unique collaborative relationships which make the delivery of our mission possible. Our closest collaboration is with Baptist Health of South Florida, including subsidiary hospitals and outpatient services. Our partnership with Baptist has resulted in extremely efficient and low-cost service delivery, unparalleled continuity of care, and extremely low agency overhead.

Many GHC patients present with serious and/or chronic illnesses such as hypertension, diabetes, asthma, obesity, lung disease, or cancer. GHC appropriately treats as many issues as possible within the agency's scope of practice. Those more serious issues requiring tests, procedures, diagnostics, and/or interventions (*including surgery*) outside of the scope and ability of the GHC are referred, both locally and within a network of consultant-partners in the greater Miami area. GHC has formed a network of providers so that our patients can obtain the needed follow-up care, *also at no cost to the patient*. One of these providers, the Open Door Health Center, which is a primary healthcare center located in Homestead dedicated to serving the uninsured poor of South Dade, served as the initial service care model for the GHC before our doors opened.

This network of providers includes volunteer physicians that provide services as an in-kind donation to qualified GHC patients. *In 2010, 1,108.5 volunteer clinician hours were donated*

with a value of \$535,314 in medical services delivered to GHC patients. Additionally, the GHC partnership with Baptist Health of South Florida covers all lab specimen fees, nearly eliminating what is often one of the largest expenses for a healthcare entity.

GHC has also effectively partnered with the Department of Health to greatly reduce insurance, which is frequently another major expense for healthcare providers. This collaboration extends state sovereign immunity protection to our network of health care professionals that provide free health care services to the poor. The volunteer program is extremely cost effective and increases healthcare access. The GHC also collaborates with the Monroe County Department of Health in accepting patient referrals.

Another physician networking relationship contributes to GHC in a unique way: in a reduction in GHC's rent, which is also a burdensome expense for so many non-profits. While the GHC makes use of approximately 1,600 square feet of space, the agency pays only \$12,500 annually for rent. This significant discount in overhead is the result of an in-kind rent donation from one of our volunteer physicians.

GHC invests staff time to work with pharmaceutical companies and related programs to connect our patients to industry-sponsored "compassionate need" prescription assistance. *In the 2010, this networking relationship has secured 740 prescriptions for GHC patients, with a value of \$181,302.*

Finally, the GHC networks with Florida Keys Radiology, pathology services, the Rural Health Network, the Center for Independent Living, and several area religious organizations. The Medical Director of the GHC also has served as a member of the Florida Keys Healthy Start Coalition and as Medical Director of WomanKind, Inc., and WomanKind shares an agency grant writer with the GHC. This involvement allows the leader of the GHC – along with those from other organizations- to better understand the operations of other agencies that serve a similar clientele, quickly identify areas where our agencies may overlap, eliminate duplication, collaborate, and share resources such as staff and materials, as needed.

GHC's networking efforts have produced collaborative relationships which make the delivery of our mission cost effective and efficient. Our agency has by far the smallest budget and lowest overhead of similar non-profit healthcare agencies in Monroe County. We have succeeded in entirely eliminating or greatly reducing expenses such as rent, insurance and lab fees, while delivering health care services to a significant number of Upper Keys residents each year.

17. List all sites and hours of operation.

The GHC physical site is located at 91555 Overseas Highway, #2 Tavernier, Florida.

Our clinic operates from Monday through Thursday, from 9 a.m. until 5 p.m.

18. What financial challenges do you expect in the next two years, and how do you plan to respond to them?

(If applying for \$5,000 or less, a response to question #19 is not required.)

In 2010, GHC increased hours of operation to meet an identified community need for our medical services. The economic downturn contributed to an increase in the number of low-income, uninsured individuals seeking out and qualifying for our services. As the economy faltered,

individuals lost jobs, and many of those with employment lost their health insurance coverage. Our region was also impacted by the BP oil spill, and the GHC has experienced a number of Keys residents seeking services who have applied for funds from Gulf Coast Restoration, but have yet to receive any reimbursement for lost income.

In order to expand our clinical appointment availability, we sought and secured an increase in financial support from sources, such as the HSAB and Baptist Health, to increase our capacity to serve individuals in need through expanded office hours. With increased capacity, the operating budget of GHC has grown in the past year.

While Baptist and HSAB support has allowed GHC to meet a portion of this cost, we continue to seek additional funds to support the continuation of greater accessibility. One of these potential sources of support is the Health Foundation of South Florida (HFSF). In early 2011, GHC submitted a preliminary proposal for funding to the HFSF to increase the number of patient healthcare service hours offered weekly, and therefore serve more low-income patients in need. The agency was subsequently invited to submit a full proposal to the HFSF, and has hosted Foundation representatives for a site visit – a final stage in the process of consideration for this grant. HSAB funds are considered matching funds for the HFSF program, and continued office hour expansion will not be possible without HSAB funding.

Additionally, GHC is bracing for the impact of Federal and State budget cuts that will increase the population who will qualify for our services. Earlier this month, Congressional leaders and the White House agreed to cut almost \$40 billion from the 2011 budget, leaving few health and human service programs untouched. In addition to an across-the-board cut of 0.2 percent, the approved plan will trim funding for community health centers, family planning and other areas that provide support for nonprofits and the people they serve. GHC is planning for the future financial challenges stemming from a 2012 budget which may eliminate \$6.2 trillion from the fiscal plan that President Obama has outlined for the next decade. While the House plan is likely to undergo significant revisions in the Senate, it currently suggests a major change in the way the federal government assists those in need. The current House proposal would change the way the government funds Medicaid by turning the programs into block grants to the states according to a formula based on population and other factors. Proposed decreases in funding for HIV/AIDS programs and Planned Parenthood will also greatly impact GHC down the road.

Health care reform took place in early 2010, in the form of The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act, which were both signed into law in March. These laws focus on reform of the private health insurance market, providing better coverage for those with pre-existing conditions, improving prescription drug coverage in Medicare. While national healthcare reform continued to make headlines throughout 2010, many of the proposed changes will not take place until 2014.

In the meantime, there remains a growing pool of individuals that need care now and cannot yet benefit from systemic changes on the horizon. GHC continues our constant struggle for adequate funding in the face of growing costs. Funds must be received in order to ensure the uninterrupted provision of services to those in our community who are most vulnerable and in need of care. GHC nurtures relationships with benefactors such as donors, corporate and other grantors. The GHC also is seeking both private and governmental support. In this vein, ongoing HSAB support of GHC is crucial, as many grants require matching funds and have a clear expectation of demonstrated local support in order to bring outside dollars into the community.

While GHC seeks to increase revenue to meet rising costs, we also continually focus our efforts on streamlining operations, implementing additional community partnerships, and optimizing the delivery of health care services to meet the increasing need brought on by recent economic circumstances.

19. What organizational challenges do you expect in the next two years, and how do you plan to respond to them?

(If applying for \$5,000 or less, a response to question #20 is not required.)

Our organizational challenges relate to the financial challenges outlined in question #18, above.

The GHC board of directors recently recognized the significant challenges posed by national healthcare reform, State and Federal funding cuts, and numerous local realities, including a high cost of living and a high percentage of uninsured residents. To address these challenges, the GHC board has decided to restructure the administration of the agency. For the past decade, the Medical Director of GHC has served as both the Executive Director and the primary, full-time healthcare delivery staff person. Under the new GHC structure, which is taking place at the time of the writing of this grant application, the GHC founding director will continue as Medical Director, with a focus on medical care and clinical excellence. A new Executive Director will focus on grant writing, obtaining donors and increasing community support. This new employee will be paid \$19 per hour for 15 hours per week of work, and the salary will be made possible by the reduction in hours and benefits of a clinic manager. The GHC will not incur additional administrative costs as a result of this restructuring. The troubled economy, combined with the increasing cost to provide effective health care to a growing pool of individuals in need, has encouraged the formation of this new strategy.

20. How are clients represented in the operation of your agency?

GHC recognizes the importance of client representation in agency operations. The Board of Directors includes a member of the targeted recipient population as a board member of GHC, and this individual serves as a board officer. Our Medical Director, all physician volunteers and ancillary personnel are "Patient Advocates". Members of our advisory board include the Monroe County Health Department, Mariners Hospital Administrative Staff, a local pediatrician and the Chief Executive Officer of Florida Keys AHEC.

21. Is your agency monitored by an outside entity? If so, by whom and how often?

(If applying for \$5,000 or less, a response to question #22 is not required.)

GHC is monitored by the Florida Department of Health on an annual basis. Our most recent site visit included a review of 10 medical records, which were all accurately completed and signed, with no recommendations for improvement. The June 21, 2010 report from this visit is included to this application as an attachment.

GHC board of Directors, medical director and staff physicians are also monitored by the Baptist Health System Division of Pastoral Care (BHSDPC).

22. 1,108.5 medical and 220.5 non-medical hours of program service were contributed by volunteers in 18 medical specialties the last year.

23. Will any services funded by the County be performed under subcontract by another agency? If so, what services, and who will perform them?

No

24. What measurable outcomes do you plan to accomplish in the next funding year?

Funding from the HSAB will be used to support salaries for direct-service personnel: an Advanced Registered Nurse Practitioner (ARNP) and a clinic support staff person. A recent increase in the number of patient healthcare service hours offered weekly by these staff members provides greater accessibility to more low-income, uninsured patients in need of medical care.

Support of the HSAB at the \$45,000 level will allow GHC to continue our increase of the number of clinical appointments available by 8 hours per week over baseline, and as a result, allow a 20% increase in the number of patient encounters over our baseline service delivery. GHC used as our baseline one year of clinic visit data, during which time the facility provided 3 days per week of medical care. Agency hours of operation were 9 a.m. to 5 p.m., which yielded 24 clinical hours per week, or 1,176 hours annually, accounting for holiday and vacation closures. We have increased our hours to 32 per week, increasing the number of patient care hours, and therefore, the number of individuals served.

25. How will you measure these outcomes?

(If applying for \$5,000 or less, a response to question #26 is not required.)

The GHC maintains detailed statistics about the total number of clients served, demographics, provider hours, and productivity. GHC collects patient data on a daily basis, and begins the data collection process as soon as a patient presents to qualify for services. Upon completing a financial screening application, the patient provides detailed demographic information, which is entered into an Excel spreadsheet. This information includes age, race, gender, ethnicity, marital status, level of education, and employment status.

Following approval from Baptist Health of South Florida, the patient is scheduled for an appointment at GHC. GHC captures encounter information as each patient presents for a visit at the clinic. This information is compiled into quarterly reports and a final Statistical Summary at the end of each year. Data is monitored by the Executive Director daily and on a quarterly basis. This data tracking and monitoring will allow the GHC to measure on an ongoing basis the accomplishment of our projected versus actual outcomes.

26. Provide information about units of service below. *(If applying for \$5,000 or less, a response to question #26 is not required.)*

Service	Unit (hour, session, day, etc.)	Cost per unit (current year)
Per Capita Patient Visit	Single Visit	\$250-\$500 New Patient \$150-\$350 Established Patient
Medication	Single Prescription	\$275

27. In 300 words or less, address any topics not covered above (optional).

Required Attachments

Required attachments were distributed to you as a separate document. Be sure to include these with your application. Please note: the required attachments A through F are only available in Microsoft Excel format. We require that you use this format, since it will automatically expand rows, generate totals and percentages, and align figures for easier reading.

ATTACHMENT CHECKLIST

LABEL AND ATTACH THE FOLLOWING IN THE ORDER SHOWN, AFTER THIS PAGE IF NOT APPLICABLE, PLEASE SO INDICATE AND EXPLAIN	ATTACHED?		COMMENTS
	YES	NO	You must explain any "NO" answers
A. Board Information Form	X		
B. Agency Compensation Detail	X		
C. Profile of Clients and Services	X		
D – F. Financial Information	X		
G. Copy of Audited Financial Statement from most recent fiscal year if organization's expenses are \$150,000 or greater.	X		
H. Copy of IRS Form 990 from most recent fiscal year	X		
I. Copy of current fee schedule		X	GHC is a free clinic
J. Copy of IRS Letter of Determination indicating 501 C 3 status	X		
K. Copy of Current Monroe County and City Occupational Licenses	X		
L. Copy of Florida Dept. of Children And Families License or Certification		X	n/a
M. Copy of any other Federal or State Licenses	X		
N. Copy of Florida Dept. of Health Licenses/Permits	X		
O. Copy of front page of Agency's EEO Policy/Plan	X		
P. Copy of Summary Report of most current Evaluation/Monitoring *	X		
Q. Data showing need for your program (optional, see question 7)		X	
R. Other (specify) TWO PAGE LIMIT		X	

* must include summary of deficiencies and suggested corrective action; may include your responses and actions taken.

ATTACHMENT A 1 - BOARD INFORMATION

This attachment has changed; please note additional information request at bottom of page.

FY12

You must have at least five directors.

Good Health Clinic

(enter your agency name in D-3 above and it will automatically appear in subsequent sheets)

Name/Board Position	Affiliation/Title	City/State	Telephone No.	Years Served	Current Term Expiration Date
Patricia Sinervo, MBA, President	Patient Representative;	Tavernier, FL	(305) 395-2518	3	2012
Brett Ekblom, Vice President	Marketing; Customer Service	Islamorada, FL	(305) 852-3116	3	2011
Nancy Hershoff, RN, Secretary	Owner of Construction Co.	Islamorada, FL	(305) 852-8440	3	2013
	Law Firm Administrator				
	Banker; Fundraising Committee,				
Claudia Moran Stober, Treasurer	Mariner's Hospital	Islamorada, FL	(305) 393-4009	2	2012
Robert Foley, DVM, Esquire	Veterinarian, Attorney	Islamorada, FL	(305) 517-9628	7	2010
David Dehaas	Home Designer	Tavernier, FL	(305) 852-9851	2	2011
Shawn Tolley	CPA, Business Owner	Key Largo, FL	(305) 451-4000	3	2012
Shelley Miklas	Marketing	Tavernier, FL	(305) 393-4009	1	2012
Dan Cole	Real Estate Agent	Key Largo, FL	(305) 451-2380	<1	2013
	CEO of Center for Independent				
Brenda Pierce, PhD.	Living	Key Largo, FL	(305) 453-3491	3	2013
Jill Miranda Baker	Mariner's Hospital	Tavernier, FL	(305) 304-0052	<1	2013

**** ATTACHMENT A 2 - EVIDENCE OF ANNUAL ELECTION OF OFFICERS** (Please attach a copy of the minutes of the meeting in which the most recent elections took place.)

Good Health Clinic

From: <PGermanson@aol.com>
To: <goodhealthclinic@comcast.net>
Sent: Thursday, January 13, 2011 11:50 AM
Subject: Draft of Minutes

GOOD HEALTH CLINIC Board of Directors Meeting

Thursday, January 13, 2011

Patty Sinervo, Secretary, called the meeting of the Board of Directors of the Good Health Clinic to order at 8:00am at the Good Health Clinic, 91555 Overseas Highway, Suite 2, Tavernier, FL 33070.

Attendees: Brenda Pierce, Shelley Miklas, David DeHaas, Nancy Hershoff, Patty Sinervo and Claudia Stober via telephone. Dr. Sandy Yankow and Norma Anderson attended as staff.

Approval of Minutes: A motion was made to approve the minutes, with attached amendment, of the December meeting. None opposed.

Treasurer's Report: A motion was made by Brenda Pierce, seconded by David DeHaas not approve a Treasurer's Report until a 2011 budget has been presented. None opposed. Motion carried. The bank balances ending December 2010 are as follows: TIB Bank \$779.41 and First State Bank \$30,879.00.

Statistics: December statistics 37clients, 21 accepted, 14 incomplete applications, 2 denied, 217 visits, 6 hospital surgeries and 1 office procedures. Statistics show that the number of patient visits has increased from the previous year.

Business: Dr. Sandy Yankow suggested Dan Cole, a local realtor and patient, as a new board member. A motion was made by Shelley Miklas to accept Dan Cole as a new board member, seconded by Nancy Hershoff. None opposed. The motion carried.

An election was held for new board officers. The motion was made by Shelley Miklas to elect Patty Sinervo, President, Brett Ekblom, Vice President, Claudia Stober, Treasurer and Nancy Hershoff, Secretary. Seconded by Nancy Hershoff. None opposed. The motion carried.

Brenda Pierce is working to update the GHC bylaws. Revisions will be discussed at the next meeting.

A new budget is being drafted by Dr. Sandy Yankow and will be emailed out for board approval.

Shelley Miklas is constructing an employee manual for all board members and will be available for the next meeting.

Shelley Miklas made a motion, to have all materials needed for the meeting, sent to each board member at least 3 days prior to meeting. Seconded by Nancy Hershoff. None opposed. Motion carried.

A fund raising committee meeting is scheduled for Wednesday, January 19, 2011 at 5:30pm at the office of David DeHaas. The committee will present new ideas and strategies at the next meeting.

Director's Report: Dr. Sandy Yankow reported that funds for the clinic are critically low. Each board member needs to actively pursue donations and fund raising ideas.

The clinic is expecting a grant from Health Foundation of South Florida for \$30,000. The clinic is also waiting on funds from the county.

The next meeting of the Board of Directors of the Good Health Clinic was scheduled for, Thursday, February 2, 2011 at 5:30pm. The meeting will be held at the Good Health Clinic. The meeting was adjourned at 9:05am.

Respectfully submitted,

Attachment A

1/13/2011

ATTACHMENT B - AGENCY COMPENSATION DETAIL

FY12

Include each position in the entire agency.

Put an "X" next to each position directly related to program for which funding is requested.

Good Health Clinic

Please round all dollar amounts to the nearest dollar; do not round FTE'S.

A 40-hour/week employee would be 1.00 FTE; a 20-hour/week employee would be .5 FTE, etc.

		Proposed - Upcoming Year Ending: 12/31/2012		Projected - Current Year Ending: 12/31/11	
		# FTE'S	Total Compensation Package	# FTE'S	Total Compensation Package
Position Title	"X"				
Clinic Manager	X	1.00	17,129	0.33	13,176
Medical Assistant	X	0.75	24,336	0.75	18,720
Administrative Assistant	X	0.75	24,336	0.75	18,720
Executive Director	X	0.38	19,266	0.38	14,820
Totals	4	2.88	85,067	2.21	65,436

ATTACHMENT C - PROFILE OF CLIENTS AND SERVICES (Performance Report) **FY12**

*This attachment has changed; please note asterisked information at the bottom of page.
Delete or type over sample information shown.*

Good Health Clinic

List Services Here	Target Population	# of Persons in Target Population	Area	Days/Hours	Total Number of Clients Served during most recent completed fiscal year	Current # of Clients ("snapshot") as of 4/20/11
Free medical care	Low-income, uninsured individuals, living at or below 200% of Federal poverty level guidelines. Total population between ages 18-64 in service area is 18,088 according to US Census Bureau. "# of Persons in Target Population" assumes 31% of adult population is uninsured, and 10.4% below poverty level.	5607	Upper Keys	Monday - Thursday 9 a.m. - 5 p.m.	349 applicants served over 2,089 patient visits	15
Prescription Medications					740	6
Unduplicated Clients for Entire Agency <i>(see instructions - this is not a total of the numbers above)</i>					349	21

Please indicate the number of clients served who are Monroe County residents: 349

Please list or describe achieved outcomes for your target populations: Support of the HSAB at the \$45,000 level will allow GHC to continue our increase of the number of clinical appointments available by 8 hours per week over baseline, and as a result, allow a 20% increase in the number of patient encounters over our baseline service delivery. GHC used as our baseline one year of clinic visit data, during which time the facility provided 3 days per week of medical care. Agency hours of operation were from 9 a.m. to 5 p.m., which yielded 24 clinical hours per week, or 1,176 hours annually, accounting for holiday and vacation closures. We have increased our hours to 7 a.m. to 5 p.m., increasing the number of patient care hours, and therefore, the number of individuals served.

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ATTACHMENT D - COUNTY FUNDING BUDGET

FY12

Good Health Clinic

Show the proposed budget detail for the County funds requested.
The total must match with the total funding requested.

	Proposed Expense Budget for Upcoming Year Ending:	
	12/31/2012	
Expenditures	Total	%
Salaries	37,350	83.0%
Payroll Taxes		0
Employee Benefits		0
Subtotal Personnel	37,350	83.0%
Postage		0
Office Supplies		0
Telephone		0
Professional Fees		0
Rent	5,400	12.0%
Utilities	2,250	5.0%
Repair and Maint.		0
Travel		0
Miscellaneous		0
Grants to Other Organizations		0
List others below		0
		0
		0
Total Expenses	45,000	100.0%

ATTACHMENT E - AGENCY EXPENSES

FY12

Complete this worksheet for the entire agency.
Please round all amounts to the nearest dollar.

Good Health Clinic

	Proposed Expense Budget for Upcoming Year Ending:		Projected Expenses for Current Year Ending:	
	12/31/2012		12/31/2011	
Expenditures	Total	%	Total	%
Salaries	85,067	34%	65,436	29%
Payroll Taxes	6,390	3%	4,915	2%
Employee Benefits	0	0	0	0
Subtotal Personnel	91,456	36%	70,351	31%
Postage	1,170	0%	900	0%
Office Supplies	5,395	2%	4,150	2%
Professional Fees	122,025	48%	122,025	54%
Rent	12,500	5%	12,500	6%
Utilities	5,200	2%	4,000	2%
Repair and Maint.	553	0%	425	0%
Travel	800	0%	800	0%
Grants to Other Organizations	0	0	0	0
List others below	0	0		0
Advertising	2,000	1%	2,000	1%
Bank Charges	33	0%	25	0%
Biohazardous Waste Removal	689	0%	530	0%
Cleaning Supplies	293	0%	225	0%
Computer Software	1,040	0%	800	0%
Dues and Subscriptions	1,235	0%	950	0%
Educational Materials	260	0%	200	0%
Garbage	650	0%	500	0%
Insurance	1,950	1%	1,500	1%
Licenses and Permits	1,105	0%	850	0%
Medical Supplies	1,235	0%	950	0%
Printing and Reproduction	2,308	1%	1,775	1%
		0		0
		0		0
		0		0
Total Expenses	251,895	100%	225,456	100%
Revenue Over/(Under) Expenses	1		0	

ATTACHMENT F - AGENCY REVENUE

FY12

Good Health Clinic

Complete this worksheet for the entire agency.

Please round all amounts to the nearest dollar.

In-Kind will not be included in percentages or total.

	Proposed Revenue Budget for Upcoming Year Ending:			Projected Revenue for Current Year Ending:		
	12/31/2012			12/31/2011		
Revenue Sources	Cash	In-Kind	%-age of Total	Cash	In-Kind	%-age of Total
Monroe County - HSAB	45,000		18%	40000		18%
Children and Fam			0%			0%
M.C. Sheriff's Dept.			0%			0%
Key West			0%			0%
Marathon			0%			0%
Islamorada			0%			0%
Layton			0%			0%
Key Colony Beach			0%			0%
Client fees			0%			0%
Donations	22,803		9%	15000		7%
Sheriff Shared Asset			0%			0%
United Way			0%			0%
List all others below			0%			0%
Baptist Health	125,000	6,808,440	50%	125000	5,673,700	55%
Grants TBD	58,443		23%	44956		20%
Interest Income	260		0%	200		0%
Copy Charges	390		0%	300		0%
Pharmaceutical prescription assistance		217,564	0%		181,303	0%
Donated physician services		642,377	0%		535,314	0%
			100%			100%
Total Revenue	251,896	7,668,380		225,456	6,390,317	

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RODOLFO L. ORTIZ, CONSULTANT

MEMBERS:
AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS
FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
The Good Health Clinic, Inc.:

We have audited the accompanying statements of financial position of The Good Health Clinic, Inc. (a non-profit organization), as of December 31, 2009 and 2008 and the related statements of activities, cash flows and functional expenses for the years then ended. These financial statements are the responsibility of The Good Health Clinic, Inc.'s management. Our responsibility is to express an opinion on these financial statements based on our audits. We did not audit the financial statements as of and for the year ended December 31, 2008. Those statements were audited by other auditors whose unqualified report dated July 2, 2009 has been furnished to us, and our opinion, insofar as it relates to the amounts included in those financial statements is based solely on the report of the other auditors.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America, Government Auditing Standards, issued by the Comptroller General of the United States and the provisions of Office of Management and Budget Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations". Those standards and OMB Circular A-133 require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, based on our audit and the report of other auditors, the financial statements referred to above present fairly, in all material respects, the financial position of The Good Health Clinic, Inc., as of December 31, 2009 and 2008 and the results of its operations and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Smith, Ortiz, Gomez & Buzzi PA

May 15, 2010

THE GOOD HEALTH CLINIC, INC.
Statements of Financial Position
December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
CURRENT ASSETS		
Cash and Equivalents	\$ 83,224	117,028
Grants and Contributions Receivable - Current	8,124	5,864
Prepaid Insurance	1,138	-
Prepaid Rent and Other		
Current Assets	<u>2,920</u>	<u>3,381</u>
Total Current Assets	<u>95,406</u>	<u>126,273</u>
PROPERTY AND EQUIPMENT		
Medical Equipment	24,594	24,594
Office Equipment	<u>12,759</u>	<u>11,979</u>
Total Property and Equipment	37,353	36,573
Accumulated Depreciation - Equipment	<u>(36,729)</u>	<u>(36,573)</u>
Net Property and Equipment	<u>624</u>	<u>-</u>
	<u>\$ 96,030</u>	<u>126,273</u>
CURRENT LIABILITIES		
Accounts Payable and Accrued Expenses	\$ 3,418	7,440
Due to Sub-Lessee	1,000	-
Deferred Revenue	<u>1,500</u>	<u>3,679</u>
Total Current Liabilities	<u>5,918</u>	<u>11,119</u>
COMMITMENTS AND CONTINGENCIES		
NET ASSETS		
Unrestricted Net Assets	58,641	98,798
Temporarily Restricted Net Assets	<u>31,471</u>	<u>16,356</u>
Total Net Assets	<u>90,112</u>	<u>115,154</u>
	<u>\$ 96,030</u>	<u>126,273</u>

See accompanying notes to financial statements

THE GOOD HEALTH CLINIC, INC.

Statements of Activities

For the Year Ended December 31, 2009
(With Summarized Comparative Totals for the Year Ended December 31, 2008)

	Unrestricted				Temporarily Restricted	Total 2009	Total 2008
	Operations	Property and Equipment	Total				
SUPPORT AND REVENUES:							
Support:							
Contributions	\$ 19,118	-	19,118	-	19,118	19,118	12,035
Grant	139,979	-	139,979	-	139,979	139,979	172,172
Funds Released from Restriction	15,576	780	16,356	(16,356)	-	-	-
Total support	174,673	780	175,453	(16,356)	259,097	259,097	184,207
Revenues:							
Interest and Other Income	936	-	936	-	936	936	6,217
Total revenues	936	-	936	-	936	936	6,217
Total Support and Revenues	175,609	780	176,389	(16,356)	160,033	160,033	190,424
Expenses:							
Program services	139,679	-	139,679	-	139,679	139,679	118,597
Management and administration	45,240	156	45,396	-	45,396	45,396	44,421
Total expenses	184,919	156	185,075	-	185,075	185,075	163,018
CHANGE IN NET ASSETS	(9,310)	624	(8,686)	(16,356)	(25,042)	(25,042)	27,406
Net assets, beginning of year	98,798	-	98,798	16,356	115,154	115,154	87,748
Net assets, end of year	\$ 89,488	624	90,112	-	90,112	90,112	115,154

See accompanying notes to financial statements.

THE GOOD HEALTH CLINIC, INC.

Statements of Cash Flows

For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ (25,042)	27,406
Adjustments to reconcile changes in net assets to net cash flows from operating activities:		
Depreciation expense	156	-
Changes in operating assets and Liabilities:		
Grants and contributions receivable	(2,260)	8,857
Prepaid expenses	(677)	(2,244)
Accounts payable	(4,022)	5,478
Due to sub-lessee	1,000	(1,945)
Deferred revenue	<u>(2,179)</u>	<u>2,179</u>
Net cash flows from operating activities	<u>(33,024)</u>	<u>39,731</u>
CASH FLOWS FROM INVESTING ACTIVITIES	<u>(780)</u>	<u>-</u>
CASH FLOWS FROM FINANCING ACTIVITIES	<u>-</u>	<u>-</u>
NET CHANGE IN CASH AND EQUIVALENTS	(33,804)	39,731
CASH AND EQUIVALENTS, BEGINNING OF YEAR	<u>117,028</u>	<u>77,297</u>
CASH AND EQUIVALENTS, END OF YEAR	\$ <u>83,224</u>	<u>117,028</u>

See accompanying notes to financial statements

THE GOOD HEALTH CLINIC, INC.

Statements of Functional Expenses

For the Year Ended December 31, 2009
(With Summarized Comparative Totals for the Year Ended December 31, 2008)

	Program Services	Management and General	Program Development/ Fund Raising	Total 2009	Total 2008
Salaries and Benefits	\$ 44,340	7,825	-	52,165	39,270
Professional Fee - Physician/Management	63,579	15,223	10,746	89,548	79,888
Occupancy	8,267	1,690	1,293	11,250	12,000
Utilities	3,518	905	603	5,026	6,443
Clinic - Supplies and Cleaning	413	100	57	570	1,206
Insurance	1,878	332	-	2,210	2,146
Promotion	2,813	718	459	3,990	7,654
Office Supplies	2,540	564	423	3,527	2,653
Dues and Subscriptions	579	110	94	783	977
Software and Software Subscriptions	425	278	78	781	465
Grant Writing	-	-	-	-	585
Office Costs	2,497	513	411	3,421	867
Repairs and Maintenance	217	56	36	309	919
Licenses and Permits	819	-	-	819	241
Accounting and Bookkeeping	7,794	1,601	1,281	10,676	7,704
Total Expenses	\$ 139,679	29,915	15,481	185,075	163,018

See accompanying notes to financial statements.

THE GOOD HEALTH CLINIC, INC.

Notes to Financial Statements

December 31, 2009 and 2008

(1) Summary of Significant Accounting Policies(a) Organization

The Good Health Clinic, Inc. (the "Organization") was incorporated in the State of Florida in September of 2003 and is a tax exempt organization under Section 501(c)(3) of the Internal Revenue Code. The Organization has one location in Monroe County, Florida. The mission of the Organization is to provide primary, secondary and tertiary medical care to the uninsured indigent residents of the Upper Florida Keys. The Organization participates in the state of Florida Volunteer Health care Provider Program ("VHCPP"). The VHCPP, a result of the "Access to Health Care Act" (section 766.1115, Florida Statutes) which was signed into law in 1992, provides licensed healthcare professionals sovereign immunity protection for uncompensated services rendered to eligible clients.

(b) Basis of Accounting

The financial statements of the Organization have been prepared on the accrual basis of accounting reflecting all significant receivables, payables and other liabilities and conform to accounting principles generally accepted in the United States of America as applicable to not-for-profit organizations.

(c) Basis of Presentation

Financial statement presentation follows the requirement of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards ("SFAS") No. 117, "Financial Statements of Not-for-Profit Organizations". Under SFAS No. 117, the Organization is required to report information regarding its financial position and activities according to three classes of net assets; unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. The Organization adopted SFAS No. 117 for the year ended December 31, 2007. There were no permanently restricted assets as of December 31, 2009 and 2008.

THE GOOD HEALTH CLINIC, INC.

Notes to Financial Statements

December 31, 2009 and 2008

(1) Summary of Significant Accounting Policies - (Cont.)(c) Basis of Presentation - (Cont.)

The present classes of net assets are reported as follows:

- Unrestricted Net Assets - Net assets that are not subject to donor-imposed restrictions.
- Temporarily Restricted Net Assets - Net assets subject to donor-imposed stipulations that may or will be met either by actions of the Organization/or the passage of time. When a restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.

	<u>2009</u>	<u>2008</u>
<u>Temporarily Restricted</u> <u>Net Assets:</u>		
Baptist Health South Florida	\$ -	\$ 16,356
<u>Net Assets Released from</u> <u>Restriction:</u>		
Net assets which were released from restriction by incurring expenses, which satisfied the restrictions specified by the grantor Baptist Health South Florida	\$ (16,356)	\$ 6,927

THE GOOD HEALTH CLINIC, INC.

Notes to Financial Statements

December 31, 2009 and 2008

(1) Summary of Significant Accounting Policies - (Cont.)

(d) Uses of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

(e) Cash and Cash Equivalents

The Organization maintains its cash deposits at a bank. Cash deposits at the bank as of December 31, 2009 and 2008 are within the federal insurance limits. All cash deposits are in interest bearing investments held by banks with an initial maturity of three months or less to be cash equivalents. Cash and cash equivalents does not include cash received with donor-imposed restrictions that limit their use to long-term purposes. Cash and cash equivalents also does not include cash held by investment managers and designated for investment.

(f) Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from balances outstanding at December 31, 2009 and 2008 from contributions and grants. Management has concluded that realization of losses on balances outstanding at December 31, 2009 and 2008, if any, will be immaterial.

(g) Revenue Recognition

Grants and contributions received are recorded at fair value as increases in unrestricted, temporarily or permanently restricted net assets, depending on the existence and/or nature of any donor restrictions.

All grant and donor-restricted contributions are reported as increases in temporarily or permanently restricted net assets, depending on the restriction. When a restriction expires, (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

THE GOOD HEALTH CLINIC, INC.

Notes to Financial Statements

December 31, 2009 and 2008

(1) Summary of Significant Accounting Policies - (Cont.)

(h) Donations

Donations are reflected as contributions in the accompanying statements at their estimated values at the date of receipt. The Organization records contributions if they meet the criteria for recognition under SFAS No. 116, "Accounting for Contributions Received and Contributions Made".

(i) Income Taxes

The Organization was organized as a non-profit organization and has received exemption under the provisions of Section 501(c)(3) of the Internal Revenue Code.

(j) Functional Expenses

The costs of providing various programs and other activities have been summarized on a functional basis in the statements of activities and in the statements of functional expenses. Accordingly, certain costs have been estimated and allocated among the programs and supporting services benefited.

(2) Summary of Funding

The following summarizes the Organizations funding for the years ending December 31, 2009 and 2008, respectively:

<u>Grants</u>	<u>2009</u>	<u>2008</u>
Baptist Health South Florida	\$100,000	\$125,000
Monroe County Florida	34,084	47,172
Other	5,895	-
<u>Contributions</u>		
Other	<u>19,118</u>	<u>12,035</u>
	<u>\$159,097</u>	<u>184,207</u>

THE GOOD HEALTH CLINIC, INC.

Notes to Financial Statements

December 31, 2009 and 2008

(3) Grants and Other Accounts Receivable

Grants and other accounts receivable are composed of the following amounts due:

	<u>2009</u>	<u>2008</u>
<u>Grant Receivable</u>		
Baptist Health South Florida	\$ -	-
Monroe County, Florida	5,831	3,608
Other	1,043	-
<u>Other Account Receivable</u>		
Florida Keys Area Health Education Center - rent on sublease	<u>1,250</u>	<u>2,256</u>
	<u>\$ 8,124</u>	<u>5,864</u>

(4) Property and Equipment/Prior Period Adjustment

SFAS No. 157, Fair Value Measurements, provides that contributions of property and equipment should be recognized at fair value at the date of contribution. SFAS No. 93, Recognition of Depreciation by Not-For-Profit Organizations, requires all not-for-profit organizations to recognize depreciation for all property and equipment except land used as a building site and similar assets. The Organization recorded donated property based upon the fair value as reported in the Organizations tax returns.

THE GOOD HEALTH CLINIC, INC.

Notes to Financial Statements

December 31, 2009 and 2008

(5) Deferred Revenue

The Organization records income received in advance as a refundable advance (deferred revenue) until it is earned. The refundable advance consisted of the following:

	<u>2009</u>	<u>2008</u>
Florida Keys Area Health Education Center	\$1,500	3,679

(6) Insurance

The Organization has elected not to carry insurance covering its assets or business papers. No employee fidelity insurance is carried. As referred to above in Note 1, nature of the organization and summary of significant accounting policies, the Organization participates in the State of Florida Volunteer Health Care Provider Program ("VHCPP"). The VHCPP, a result of the "Access to Health Care Act" (section 766.1115, Florida Statutes) provides licensed healthcare professionals sovereign immunity protection for uncompensated services rendered to eligible clients.

(7) Commitments

The Organization is the lessee of office space in Tavernier, Florida under a non-cancelable operating lease. Rental expense paid to the lessor, exclusive of reimbursement for utilities, was \$11,250 and \$2,000 for the years ended December 31, 2009 and 2008, respectively. Future minimum annual rental payment under this lease for 2010 is \$12,000.

(8) Economic Dependency

The Organization does not charge any fees for its services rendered. For the years ended December 31, 2009 and 2008 the Organization received all its funding from contributions and grants.

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung

benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2009Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning , and ending		C Name of organization GOOD HEALTH CLINIC, INC.		D Employer identification number 04-3745805
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	Doing Business As		E Telephone number
		Number and street (or P.O. box if mail is not delivered to street address)		
		91555 OVERSEAS HIGHWAY		
		City or town, state or country, and ZIP + 4		
		TAVERNIER FL 33070		
F Name and address of principal officer:		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If "No," attach a list (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ N/A				
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
L Year of formation: 2003 M State of legal domicile: FL				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FREE HEALTH CLINIC FOR THE INDIGENT		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5 Total number of employees (Part V, line 2a)	5	
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b 0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 184,207	Current Year 159,097
	9 Program service revenue (Part VIII, line 2g)	6,077	363
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	140	573
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	190,424	160,033
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	39,269	52,165
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 15,481		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	123,749	132,910
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	163,018	185,075
19 Revenue less expenses. Subtract line 18 from line 12	27,406	-25,042	
Net Assets or Fund Balances	20 Total assets (Part X, line 18)	Beginning of Current Year 126,273	End of Year 96,030
	21 Total liabilities (Part X, line 28)	11,119	5,918
	22 Net assets or fund balances. Subtract line 21 from line 20	115,154	90,112

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	Robert H. Foley 8/19/10 Signature of officer Date Robert H. Foley Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ▶ [Signature]	Date 08/13/10	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 Smith, Ortiz, Gomez and Buzzi, PA 132 Minorca Avenue Coral Gables, FL 33134	EIN ▶ 65-0232836	Phone no. ▶ 305-441-1012
	Preparer's identifying number (see instructions) P00853282		

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ NoFor Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
DAAForm **990** (2009)

Form 990 (2009) **GOOD HEALTH CLINIC, INC.****04-3745805**Page **2****Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission:

FREE HEALTH CLINIC FOR THE INDIGENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **139,679** Including grants of\$) (Revenue \$ **300**)
FREE HEALTH CLINIC FOR THE INDIGENT

4b (Code:) (Expenses \$ Including grants of\$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of\$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ Including grants of\$) (Revenue \$)

4e Total program service expenses **139,679**

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Form 990 (2009) **GOOD HEALTH CLINIC, INC.****04-3745805**Page **3****Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
<ul style="list-style-type: none"> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 8a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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Form 990 (2009) **GOOD HEALTH CLINIC, INC.**

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
24b		
24c		
24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
25b		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		X
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
28a		X
28b		X
28c		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

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Form 990 (2009) **GOOD HEALTH CLINIC, INC.****04-3745805**Page **5****Part V Statements Regarding Other IRS Filings and Tax Compliance**

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: ► See the Instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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Form 990 (2009) **GOOD HEALTH CLINIC, INC.**

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	52,165	44,340	7,825	
8 Pension plan contributions (include section 401(k) and section 408(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	6,948	5,037	1,077	834
14 Information technology				
15 Royalties				
16 Occupancy	11,250	8,267	1,690	1,293
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PROFESSIONAL FEES - PHYSICIAN	89,548	63,579	15,223	10,746
b ACCOUNTING AND BOOKKEEPING	10,676	7,794	1,601	1,281
c UTILITIES	5,026	3,518	905	603
d PROMOTION	3,990	2,813	718	459
e OTHER OPERATING	3,262	2,453	544	265
f All other expenses	2,210	1,878	332	
25 Total functional expenses. Add lines 1 through 24f	185,075	139,679	29,915	15,481
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body		
b Enter the number of voting members that are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11a Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **FL**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☒ Another's website ☐ Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **NORMA ANDERSON 305-853-1788 91555 OVERSEAS HIGHWAY FL 33070**

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Form 990 (2009)

Form 990 (2009) **GOOD HEALTH CLINIC, INC.**

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Part X Balance Sheet

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest bearing	117,028	83,224
	2 Savings and temporary cash investments		
	3 Pledges and grants receivable, net	5,864	8,124
	4 Accounts receivable, net		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		
	7 Notes and loans receivable, net		
	8 Inventories for sale or use		
	9 Prepaid expenses and deferred charges	3,381	4,058
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	37,353	
	b Less: accumulated depreciation	36,729	624
	11 Investments—publicly traded securities		
	12 Investments—other securities. See Part IV, line 11		
	13 Investments—program-related. See Part IV, line 11		
	14 Intangible assets		
	15 Other assets. See Part IV, line 11		
16 Total assets. Add lines 1 through 15 (must equal line 34)	126,273	96,030	
Liabilities	17 Accounts payable and accrued expenses	7,440	3,418
	18 Grants payable		
	19 Deferred revenue		
	20 Tax-exempt bond liabilities		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
	23 Secured mortgages and notes payable to unrelated third parties		
	24 Unsecured notes and loans payable to unrelated third parties		
	25 Other liabilities. Complete Part X of Schedule D	3,679	2,500
	26 Total liabilities. Add lines 17 through 25	11,119	5,918
Net Assets or Fund Balances	27 Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	28 Unrestricted net assets		
	29 Temporarily restricted net assets		
	30 Permanently restricted net assets		
	31 Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.		
	32 Capital stock or trust principal, or current funds	115,154	90,112
	33 Paid-in or capital surplus, or land, building, or equipment fund		
	34 Retained earnings, endowment, accumulated income, or other funds		
35 Total net assets or fund balances	115,154	90,112	
36 Total liabilities and net assets/fund balances	126,273	96,030	

Form 990 (2009)

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Form 990 (2009) **GOOD HEALTH CLINIC, INC.****04-3745805**Page **12****Part XI Financial Statements and Reporting**1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

2a

Yes

No

X

b Were the organization's financial statements audited by an independent accountant?

2b

Yes

No

X

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

2c

Yes

No

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis☐ Consolidated basis☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

3a

Yes

No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

Yes

No

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Schedule A (Form 990 or 990-EZ) 2009 **GOOD HEALTH CLINIC, INC.**

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 1, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 **GOOD HEALTH CLINIC, INC.**

04-3745805

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b **33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

DAA

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 **GOOD HEALTH CLINIC, INC.**

04-3745805

Page **4**

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Schedule A (Form 990 or 990-EZ) 2009

DAA

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

Employer identification number

GOOD HEALTH CLINIC, INC.**04-3745805****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or pleasure) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Schedule D (Form 990) 2009 **GOOD HEALTH CLINIC, INC.**

04-3745805

Page **2****Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- ☐ a Public exhibition
☐ b Scholarly research
☐ c Preservation for future generations
☐ d Loan or exchange programs
☐ e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	37,353		36,729	624
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				624

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 **GOOD HEALTH CLINIC, INC.**

04-3745805

Page **4****Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	160,033
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	185,075
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-25,042
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-25,042

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	160,033
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	160,033
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	160,033

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	185,075
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	185,075
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	185,075

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information (continued)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings visible.

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

2009Open to Public
Inspection

Name of the organization

GOOD HEALTH CLINIC, INC.

Employer identification number

04-3745805

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

TREASURER, WHO IS A PRACTICING CPA, PERFORMS INITIAL REVIEW OF TAX RETURN
AND THEN PROVIDES RETURN TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND
ACCEPTANCE.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

TAX RETURNS ARE AVAILABLE ON GUIDESTAR.COM AND ALL OTHER DOCUMENTS ARE MADE
AVAILABLE UPON REQUEST.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 17 2003

GOOD HEALTH CLINIC, INC.
C/O SANFORD L. YANKOW, M.D.
91555 OVERSEAS HWY, SUITE 2
TAVERNIER, FL 33070

Employer Identification Number:
04-3745805
DLN:
17053122014023
Contact Person:
JOHN M WHITE ID# 52118
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Form 990 Required:
Yes
Addendum Applies:
Yes

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(iii).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the

Letter 947 (DO/CG)

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

PAGE 02/05

GOOD HEALTH CLINIC, INC.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

This ruling is based on the understanding that the majority of your Board of Directors will be non-salaried and will not be related to salaried personnel or to parties providing services. It is also based on the understanding that salaried individuals cannot vote on their own compensation and that compensation decisions will be made by the board.

In accordance with section 508(a) of the Code, the effective date of this determination letter is March 4, 2003.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be evidence that the funds will remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

If distributions are made to individuals, case histories regarding the recipients should be kept showing names, addresses, purposes of awards, manner of selection, relationship (if any) to members, officers, trustees or donors of funds to you, so that any and all distributions made to individuals can be substantiated upon request by the Internal Revenue Service. (Revenue Ruling 56-304, C.B. 1956-2, page 306.)

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

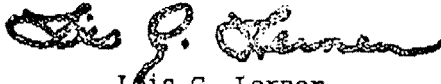
Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

Letter 947 (DO/CG)

GOOD HEALTH CLINIC, INC.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,



Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosure(s):
Addendum

Letter 947 (DO/CG)

GOOD HEALTH CLINIC, INC.

The value of time or personal services contributed to your organization by volunteers is not deductible by those volunteers as a charitable contribution for Federal income tax purposes. You should advise your volunteers to this effect.

Letter 947 (DO/CG)

2010 / 2011
MONROE COUNTY BUSINESS TAX RECEIPT
EXPIRES SEPTEMBER 30, 2011

RECEIPT# 47162-88349

Business Name: GOOD HEALTH CLINIC INC

Owner Name: YANKOW SANFORD L PRES
Mailing Address: 91555 OVERSEAS HWY
Ste 2
TAVERNIER, FL 33070

Exemption: 003-22.00: NON PROFIT
Business Location: 91555 OVERSEAS HWY STE 2
TAVERNIER, FL 33070
Business Phone: 305-853-1788
Business Type: MEDICAL OFFICES (CLINIC
OFFICE)

Rooms Seats Employees Machines Stalls

5

STATE LICENSE: ME 17585

Number of Machines :	For Vending Business Only Vending Type : M
----------------------	-----------------------------------------------

Tax Amount	Transfer Fee	Sub-Total	Penalty	Prior Years	Collection Cost	Total Paid
				\$0.00		

PAID-124-09-00002040 07/16/2010 0.00

THIS RECEIPT MUST BE POSTED CONSPICUOUSLY IN YOUR PLACE OF BUSINESS

THIS BECOMES A TAX RECEIPT
WHEN VALIDATED

Danise D. Henriquez, CFC, Tax Collector
PO Box 1129, Key West, FL 33041

THIS IS ONLY A TAX. YOU MUST
MEET ALL COUNTY AND/OR
MUNICIPALITY PLANNING AND
ZONING REQUIREMENTS.



Florida Department of Agriculture & Consumer Services
CHARLES H. BRONSON, Commissioner
Tallahassee, Florida

August 31, 2010

Division of Consumer Services
2005 Apalachee Pkwy
Tallahassee FL 32399-6500
Phone: 1-800-HELP-FLA
URL: <http://www.800helpfla.com>

Refer To: CH16323

GOOD HEALTH CLINIC, INC.
91555 OVERSEAS HWY STE 2
TAVERNIER, FL 33070-2505

RE: GOOD HEALTH CLINIC, INC.
REGISTRATION#: CH16323
EXPIRATION DATE: October 16, 2011

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 60 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Nina J McLeod

Nina J McLeod
Regulatory Consultant
850-410-3700
Fax: 850-410-3804
E-mail: mcleodn@doacs.state.fl.us

CERTIFICATE #: 2508

EXEMPTION #: HCCC2339

State of Florida

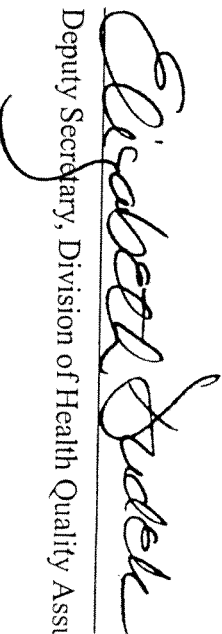
AGENCY FOR HEALTH CARE ADMINISTRATION
DIVISION OF HEALTH QUALITY ASSURANCE

HEALTH CARE CLINIC Certificate of Exemption

This is to confirm GOOD HEALTH CLINIC, INC has affirmed an exempt status according to Section 400.9905(3), Florida Statutes. This Certificate of Exemption is issued by the Agency for Health Care Administration to the holder identified below:

GOOD HEALTH CLINIC
91555 OVERSEAS HWY
STE 1
TAVERNIER, FL 33070

File # 2570
EFFECTIVE DATE: 03/01/2004


Deputy Secretary, Division of Health Quality Assurance

2.3 Probationary Period for New Employees

GHC monitors and evaluates every new employee's performance for two months to determine whether further employment in a specific position or with GHC is appropriate. For this reason, as a newly hired employee or as a newly rehired employee, you are considered a probationary employee for the first two months of your employment.

This probationary period may be made longer if the Executive Director and Medical Director agree that more time is needed to permit you to reach an acceptable level of work performance. The probationary period is, in other words, an opportunity for you to demonstrate what you can do in the clinic and also for you to learn more about the clinic and the position so that you can decide whether or not to continue. If your performance on the job does not measure up to the clinic's expectations and/or standards, the employment relationship can be terminated by the clinic or by you without blame or stigma towards you and without advanced notice by the clinic.

When you have been working for GHC for almost two months, the Executive Director will conduct a performance evaluation, which may include: an assessment of the work you have been doing; and a review of your initial application/resume to GHC. All of this information is put together to make a decision whether or not you will become a non temporary employee and what sort of work assignments you will receive in the future.

The staff member understands that any employment at GHC is at-will and of indefinite duration, and that GHC may terminate employment at any time, with or without notice and with or without reason. No agreement to the contrary will be recognized.

3 EMPLOYMENT POLICIES

3.1 Affirmative Action/Equal Opportunity Employment Policy

In accordance with state and federal guidelines, the Good Health Clinic is an equal opportunity employer. It is our policy to hire the best-qualified applicant for the position, without regard to disability, race, color, ethnicity, religion, gender, sexual orientation, national origin, citizenship status, age, or veteran status.

3.2 EQUAL ACCESS

GHC strives to be a model of equal access and reasonable accommodation for our patients and staff as well as the community at large. Toward this end we provide the following:

Physical Access: Our facilities, and all of our sponsored events, are accessible to people with all disabilities.

3.3 Job Descriptions

GHC will maintain a written job description for all staff positions, both paid and volunteer. In the event new paid positions are created through expansion or reorganization, written job descriptions will be prepared and then approved by the Executive Director prior to filling the position.

Job descriptions are to be as detailed and explicit as possible. However, employees occasionally may be required to perform related duties not specified in the job description. In the event new major responsibilities or other significant changes occur, the job description will be rewritten to reflect these changes.



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

June 21, 2010

Ms. Norma Anderson
Clinic Coordinator
Good Health Clinic
91555 Overseas Hwy
Tavernier, Florida. 33070

Dear Ms. Anderson:

Words cannot fully express my gratitude for the kindness and cooperation you provided during my visit to the clinic on June 18, 2010. A review of 10 records was conducted to verify that the Eligibility and Patient Referral forms were part of the records, correctly completed and signed as required by the 766.1115 F.S.

As mentioned, all records were accurately prepared and included the above mentioned forms duly completed and signed by the patients and the DOH volunteer.

Thank you for your continue support and for everything you do to ensure the Good Health Clinic continues its commitment to excellence. If you have any question, do not hesitate to call me at (786) 336-1280.

Sincerely,

A handwritten signature in cursive script that reads "Maria Ortega".

Maria Ortega
Volunteer Coordinator
Miami-Dade County Health Department

cc: Rene Ynestroza, MBA, MSMIS
Sr. Public Health Services Manager



Miami-Dade County Health Department
8175 NW 12 Street, #300, Miami, Florida 33126
Tel. (305) 324-2400 Fax: (786) 336-1297
Website: www.dadehealth.org

